

Health Priority: Intentional and Unintentional Injuries and Violence
Objective 1: Child Maltreatment

Long-term (2010) Subcommittee Outcome Objective: By 2010, the numbers of children being maltreated will have decreased to 8 per 1000 children under 18.

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Department of Health and Family Services, Division of Public Health, local social service departments, local public health offices, Prevent Child Abuse Wisconsin, Children's Trust Fund, Child Abuse Prevention Fund, Family Resource Centers</p> <p>Interdisciplinary groups that already exist within communities around family-related issues</p> <p>Cooperative Extension Family Living Agents/Community Resource and Development Specialists</p> <p>Tribes</p> <p>Local prevention partners which may include: health/medical, law enforcement, education, human services, non-profits, businesses, faith-based</p>	<p>Convene appropriate state entities to identify statewide leadership on primary prevention of child maltreatment.</p> <p>Fully implement Wisconsin Automated Child Welfare Information System, the statewide automated child welfare information system.</p> <p>Conduct surveys to learn more about prevention services available and access to services</p> <p>Conduct community assessments of public perception of child abuse and neglect, including perceptions of prevention programs and barriers to access</p> <p>Convene statewide group to identify elements of an effective comprehensive, accessible, interdisciplinary, child abuse and neglect prevention program at the community level <u>and</u> to identify already existing programs.</p> <p>Provide education and resources to people in communities who work in prevention about how to</p>	<p>Local human service agencies</p> <p>Prevention program direct service providers</p> <p>Families using services of prevention programs</p> <p>Local prevention programs</p> <p>State agencies who work with community collaboratives</p> <p>Local human services agencies</p> <p>Local public health offices</p> <p>Tribes</p> <p>Cooperative Extension Family Living Agents/Community Development Specialists</p> <p>General Public</p>	<p>By 2003, a coordinating agency for primary prevention activities is identified.</p> <p>By 2003, the Wisconsin Automated Child Welfare Information System, is to be fully implemented across Wisconsin.</p> <p>By the end of 2003, programs serving families (at the state and local level) increase their knowledge of child abuse and neglect in Wisconsin.</p> <p>By 2004, a document is created that identifies elements of an effective comprehensive, accessible, interdisciplinary child abuse and neglect prevention programs at the community level, including strength-based family support programs.</p>	<p>By 2005, technical assistance will be provided to at least ten communities that are already using a comprehensive, accessible, interdisciplinary approach to preventing child abuse and neglect in order to help them strengthen their prevention efforts.</p> <p>By 2007, technical assistance for creating a comprehensive, accessible, interdisciplinary approach to preventing child abuse and neglect will be provided to at least ten communities.</p>	<p>By 2008, there will be at least a 10% increase in the number of comprehensive, accessible, interdisciplinary programs to prevent child abuse and neglect across Wisconsin.</p>

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organizations. Existing interdisciplinary prevention programs in communities can educate others	create or strengthen interdisciplinary teams for prevention, as well as the variety of resources to prevent child abuse and neglect. Local groups will be organized or enhanced to provided child abuse and neglect prevention programs	Community members (professional and non-professional) involved in child abuse and neglect prevention (may include people from health, education, social services, law enforcement, non-profits serving families, businesses, local civic groups, etc.) Policymakers Community members involved in child abuse and neglect prevention (see list above) General public Professionals working with children and families Community partners (service groups, faith-based groups, businesses, etc.)	By 2004, committed partners who are already using this model for primary prevention will be identified.		

Definitions: Child maltreatment consists of physical abuse and neglect, sexual abuse, and emotional abuse. Primary prevention includes activities to prevent child maltreatment from occurring.

Goal: Comprehensive, accessible, interdisciplinary child abuse and neglect primary prevention programs will be established to serve all communities in Wisconsin.

Base Year: Primary prevention programs exist in some communities but many of these programs lack the resources to carry out primary prevention activities. In other communities, there are multidisciplinary groups organized around other child and family issues that may be able to take on the issue of child maltreatment with some support. A number of programs within the Department of Health and Family Services include programs to address primary prevention (Division of Children and Family Services, Safe and Stable Families) but there is no single entity that has statutory responsibility for primary prevention of child maltreatment.

Future Goal: To decrease the number of children being maltreated in Wisconsin from the current 10.8 per 1000 (children under 18 yrs; 1998 DHFS data) to 8 per 1000.

Health Priority: Intentional and Unintentional Injuries and Violence

Objective 1: Prevention of Child Maltreatment

Long-term (2010) Subcommittee Outcome Objective:

By 2010, there will be a 10% reduction in the number of children who are abused and neglected in Wisconsin as reported by the Department of Health and Family Services and other appropriate governmental data sources.

Wisconsin Baseline	Wisconsin Sources and Year
While measurement issues make it difficult to identify a baseline figure, some possible measures include:	1999 data, Wisconsin Child Abuse and Neglect Report, Bureau of Programs and Policies, Division of Children and Family Services, Department of Health and Family Service.
28.9 reports per 1,000 population (ages 17 and under)	
29.7% maltreatment substantiation rate 11 substantiated cases of a child having died from maltreatment	

Federal/National Baseline	Federal/National Sources and Year
12.9 child victims of maltreatment per 1,000 children under age 18 were reported in 1998.	National Child Abuse and Neglect Data System (NCANDS), Administration on Children, Youth and Families, Administration for Children and Families (ACF), Children's Bureau (<i>Healthy People 2010</i>)
1.6 child maltreatment fatalities per 100,000 children under age 18 years occurred in 1998.	National Child Abuse and Neglect Data System (NCANDS), Administration on Children, Youth and Families, Administration for Children and Families (ACF), Children's Bureau. (<i>Healthy People 2010</i>).
<p>In 1997, there were 984,000 victims of maltreatment in the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. The rate of child victims was 13.9 per 1,000 children in the general population in 1997.</p> <ul style="list-style-type: none"> • There were an estimated 1,196 fatalities due to child maltreatment in the 50 States and the District of Columbia. The findings regarding the type of maltreatment were as follows: 55.9% neglect; 24.6% physical abuse; 12.5% sexual abuse; and, 6.1% emotional abuse. • 58.8% of the substantiated or indicated reports of maltreatment were from professional sources: legal, medical, social service, or education professionals. • Based on data from 39 states, 75.4% of the perpetrators were the victim's parents; 10.2% were relatives; and 1.9% were individuals in other care-taking relationships. 	<i>Healthy People 2010</i> . 2 nd Edition. USDHHS

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
15 – Injury and Violence Prevention	Reduce injuries, disabilities, and deaths due to unintentional injuries and violence	15-6	(Developmental) Extend State-level child fatality review of deaths due to external causes for children aged 14 years and younger.
		15-33	Reduce maltreatment and maltreatment fatalities of children.
		15-34	Reduce the rate of physical assault by current or former intimate partners (for persons 12 and older)
		15-35	Reduce the annual rate of rape or attempted rape (for persons 12 and older)
		15-36	Reduce sexual assault other than rape (for persons 12 and older)

Definitions	
Term	Definition
Child maltreatment	Consists of physical abuse and neglect, sexual abuse, and emotional abuse. Refer to s. 48.02, Wis. Stats.
Primary prevention	Primary prevention activities are generally available to all members of a population and are designed to prevent child maltreatment from occurring. This is distinguished from secondary prevention, which targets persons who are at risk of maltreating their child (or, if a child, of being maltreated), or tertiary prevention, which consists of interventions after child maltreatment has occurred in order to prevent further maltreatment.
Strength-based family support programs	A set of beliefs and a community-based program approach to strengthening and empowering families and communities so they can foster the optimal development of children, youth, and adult family members.

Rationale:

According to *Healthy People 2010*, the 1997 Child Maltreatment report from the States to the National Child Abuse and Neglect System found there were approximately 984,000 victims of maltreatment, a decrease from more than one million victims in 1996 in the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. National surveys of new cases are needed to describe the magnitude of the problem (2). However, issues of data collection and management make it difficult to know if there is an actual decline or not in the number of children being abused and neglected.

Numbers for Wisconsin also show a decline: from 40,840 reports in 1998 to 38,261 reports in 1999; and from a rate of 33.9 reports per 1,000 population (age 17 and under) to 28.9 reports per 1,000 in 1999. Maltreatment substantiation rates also show a decline, from a rate of 34% in 1998 to 29.7 percent in 1999. These are the reports that are investigated; an unknown number of reports are screened out and not investigated and, consequently, not included in this data. Also in 1999, there were 11 deaths of children attributed to child abuse and neglect (1). Again, this number may be misleading as we do not know if there were additional deaths from child maltreatment that were officially attributed to another cause. (For example, it has been found that Shaken Baby Syndrome, which often results in death, is often misdiagnosed.)

The costs of child abuse and neglect to society include direct costs associated with intervening to help and treating the medical and emotional problems suffered by abused and neglected children, as well as the indirect costs associated with the long-term consequences of abuse and neglect to both the individual and society at large (4). Children who have been abused and neglected are more likely to perform poorly in school and to experience emotional problems, depression, suicidal thoughts, sexual problems, and alcohol/substance abuse (5). Children who are abused often experience interpersonal problems as adults, which may be seen in their adult lives as interpersonal violence against their partner or their children (6). In addition, it has been found that those who had been abused or neglected as children were more likely to be arrested as juveniles and as adults for violent crimes (7).

The U.S. Center for Disease Control and Prevention (CDC) is currently working with Prevent Child Abuse America to explore strategies for framing child abuse and neglect as a public health issue. It has been found that when health concerns are framed as a public health issue, such as wearing seatbelts or smoking in public places, the public is more likely to become engaged with the issue and take positive steps in the direction of health promotion. Framing child abuse and neglect as a public health issue may increase the likelihood that the public will become more involved in primary prevention of child maltreatment and that we will see the number of maltreated children decrease. By identifying child maltreatment as an objective to be included in the state public health plan and by putting forth an objective that focuses on interdisciplinary community efforts, there is a stronger likelihood that Wisconsin will move in the direction of framing child maltreatment as a public health issue.

In Wisconsin, there are a number of agencies that provide intervention and treatment services in cases where child maltreatment is suspected or found to have occurred. Decisions to use programming resources in this way may be made based on the “visibility” of these situations and the immediate need for something to be done. These are important services and need to continue with adequate support. However, when the majority of resources are used for intervention and treatment, it leaves a gap in services for primary prevention of child maltreatment which can prevent the need for intervention/treatment. We need to find a way to be able to continue a needed level of intervention/treatment services until the prevention programs that are proposed in this objective can lead to a decrease in the need for post-abuse intervention services.

Nationally, child abuse experts have identified several critical components of effective community prevention programs. Among these is the need for community-wide child abuse prevention coordinating bodies. Prevention must take place in the local communities, with programs based on an understanding of community needs and characteristics. Communities have an inherent responsibility to create environments and provide

resources to ensure that children and their families can be healthy. This is consistent with the vision statement of *Healthiest Wisconsin 2010*: “healthy people in healthy Wisconsin communities.”

Furthermore, for the community prevention coordinating body to be effective in impacting child maltreatment, it must be interdisciplinary and in partnership with families. The many professionals and organizations that families interact with in the community can work together to form a coordinated effort to prevent child abuse and neglect; an effort that recognizes what each entity, including families, can contribute to this important work and that can help maximize the use of community resources and avoid duplication (3). Interdisciplinary refers to professions that may include but are not limited to: medical (public health, mental health, clinics, hospitals), social work (social service department, social work agencies, hospital based, school based), law enforcement, educational services (schools, after school programs, child care settings), faith-based organizations, non-profits working with families, businesses, and others as identified locally. While the focus of the objective being proposed is on primary prevention of children maltreatment, it is expected that there will be other agencies or partnerships that will provide intervention and treatment in cases where child maltreatment has occurred.

Finally, embracing the principles of family support in community programs is key to developing a continuum of effective primary prevention efforts and decrease child abuse and neglect. Programs that are integrated within the community respect the diversity of families and are responsive and accountable to their members. Formal and informal services are integrated and mobilized to support family development across the life span. Emerging community needs are best addressed in this process as families are considered integral members in program planning, administration, and evaluation. Programs and services are universal and diverse to meet the varying needs of the community members and strengthen the skills and abilities of families to better provide environments that are supportive to healthy growth and development of children and youth (3).

Outcomes:

Short-term Outcome and Process Objectives (2002-2004)

- By 2003, a coordinating agency for primary prevention is identified.
- By 2003, Wisconsin Child Welfare Information System, the statewide automated child welfare information system, is fully implemented across Wisconsin.
- By 2003, 80% of staff from agencies serving families that attend state-sponsored trainings on child abuse and neglect prevention will report an increased understanding of child abuse and neglect, including demographics of child abuse and neglect, existing program to prevent child abuse and neglect, the rate at which prevention programs are being accessed by families, barriers to accessing prevention programs, and public perception of child abuse and neglect.
- By 2004, a document is created that identifies elements of an effective, comprehensive accessible, interdisciplinary child abuse and neglect prevention programs at the community level, including strength-based family support programs.
- By 2004, existing programs that are using a comprehensive, accessible, interdisciplinary approach to preventing child abuse and neglect will be identified.

Medium-term Outcome Objectives (2005-2007)

- By 2005, technical assistance will be provided to at least ten communities that are already using a comprehensive, accessible, interdisciplinary approach to preventing child abuse and neglect in order to help them strengthen their prevention efforts.
- By 2007, technical assistance for creating a comprehensive, accessible, interdisciplinary approach to preventing child abuse and neglect will be provided to at least ten communities.

Long-term Outcome Objectives (2008-2010)

- By 2008, there will be at least a 10% increase in the number of comprehensive, accessible, interdisciplinary programs to prevent child abuse and neglect across Wisconsin.

Inputs/Outputs

The Division of Children and Family Services in the Department of Health and Family Services has statewide authority to address issues of child abuse and neglect prevention. In partnership with the Department, the list that follows identified potential partners to carry out the plan set forth in this template. Moreover, in order to insure that activities relative to this objective are carried out, it will be necessary to identify an agency to act as the coordinating body for the activities. This might be a state agency, non-profit, or some other type of group.

- The Division of Children and Family Services, Bureau of Programs and Policies, DHFS, is charged with collecting information on child abuse and neglect across Wisconsin. As of 1998, the Wisconsin Automated Child Welfare Information System was not fully implemented. It will be important for the Department to develop the capacity to fully implement the system in order to provide accurate information on child abuse and neglect, including demographics of abuse and abusers. This will be vital information to have in order for communities to create an effective prevention effort. In addition, the objective put forth by this subcommittee related to development of an injury surveillance system will provide useful data for understanding the extent of child maltreatment in Wisconsin.
- Prevent Child Abuse Wisconsin is the state chapter of a national organization, Prevent Child Abuse America. The non-profit will be carrying out a statewide survey in 2001-2002 to identify community groups involved in child abuse and neglect prevention efforts. This information will complement the survey being proposed for implementation by the Division of Public Health, DHFS, and their local partners and will help to identify communities that have existing prevention programs that could be strengthened as well as identifying communities where no programs exist. In addition, Prevent Child Abuse America is currently working with the U.S. Centers for Disease Control and Prevention to explore strategies for re-framing child abuse and neglect as a public health issue. There may be opportunities to learn from this work and, possibly, to be a pilot site for such an initiative, which would strengthen the community-based focus of this objective.
- The Division of Public Health, DHFS, will need to work with local human services departments and public health departments to collect data that will help state and local entities better understand the realities of child abuse and neglect at the community level. (Note: Some communities have already collected this type of information, in which case the information will need to be evaluated for its usefulness based on when it was collected and what type of information was collected.) The Division of Public Health must work together with the aforementioned partners to create surveys to be used with local prevention program

direct service providers as well as families using these services in order to learn: (1) what prevention services exist in communities for families; (2) which services families are accessing and why they are accessing these particular services; and, (3) barriers to accessing prevention services. This will be important information to have in order to create comprehensive local prevention efforts that will effectively serve families and achieve the desired goal of preventing child abuse and neglect.

As part of the initial phase of understanding the realities of child abuse and neglect in Wisconsin, a public survey could be undertaken in communities across Wisconsin. The purpose of this survey would be to gain a better understanding of how the public views child abuse and neglect and how communities might best engage the public in prevention of child abuse and neglect. The Child Abuse Prevention (CAP) Fund located in Milwaukee is currently engaged in a survey of the public in Milwaukee to learn more about public perceptions of child abuse and neglect. Their experience could provide guidance in conducting a larger survey across the state. The survey itself could be carried out by local public health offices and/or the University of Wisconsin Cooperative Extension Family Living Agents/Community Resource Development Specialists. Cooperative Extension has a strong history of conducting community assessments, making them a logical partner in this effort.

Once there is a general understanding about the realities and perceptions of child abuse and neglect prevention in Wisconsin, a statewide group will convene to identify elements of an effective comprehensive, accessible, interdisciplinary child abuse and neglect prevention program. Programs that make use of an interdisciplinary model for provision of services (such as some hospitals, nursing homes, schools) will be looked at for what can be learned from these examples. The identified elements will be the basis for recommendations to local communities as they create their community prevention programs. The statewide group might consist of a number of stakeholders who work in the area of child abuse and neglect prevention, and might include: Division of Public Health, Division of Children and Family Services, Safe and Stable Families, Prevent Child Abuse Wisconsin, Children's Trust Fund, Child Abuse Prevention Fund, Tribes, other non-profits, Department of Public Instruction, representatives from the fields of health services, education, law enforcement, juvenile justice, social services, faith-based communities, the business community, families, and others to be identified.

Communities with a continuum of prevention programs will, optimally, build on the strengths of families to promote positive developmental outcomes for both parents and children. The Division of Public Health could take the lead in providing education and resources to people in communities who work in prevention about how to create interdisciplinary prevention teams, as well as a variety of strategies that might be used for prevention. Community groups that are already using an interdisciplinary, strength-based model for prevention programs might serve as resources for other communities. As appropriate, the Division of Children and Family Services, the Department of Public Instruction, and the Division of Public Health will work with Prevent Child Abuse Wisconsin, Children's Trust Fund, Child Abuse Prevention Fund, and other prevention-focused organizations to help provide this information to communities and the general public.

Local communities will bring together the appropriate partners from their community, including families, to create a plan for and to implement a comprehensive, accessible, strength-based interdisciplinary child abuse and neglect prevention program. These partners will be identified based on the resources available as well as the specific nature of child abuse and neglect in each community, which may require a community to seek out

specific partners that have something to offer in addressing a specific abuse/neglect issue. Coordinated investments in family support by a variety of prevention programs best promote positive outcomes for children and their families over time. Positive outcomes for children, families, and communities are, in part, the result of increased parental competency and improved knowledge of parenting skills and child development. In addition to fewer occurrences of child abuse and neglect, a continuum of comprehensive, family support prevention programs improves the likelihood of school success for children, job and education successes for parents, and reductions in teen pregnancy and juvenile delinquency.

Participants/Reach:

- Department of Health and Family Services, Bureau of Programs and Policies, Division of Children and Family Services
- Department of Health and Family Services, Division of Public Health
- Department of Public Instruction
- Prevent Child Abuse Wisconsin
- Children's Trust Fund
- The Child Abuse Prevention (CAP) Fund
- University of Wisconsin Cooperative Extension Family Living Agents and Community Resource Development Specialists
- Local human service agencies
- Local prevention program direct service providers
- Community members (professional and non-professional) involved in child abuse and neglect prevention (may include people from health, education, social services, law enforcement, non-profits serving families, businesses, local civic groups, faith based groups etc.)
- Families using services of prevention programs
- The general public
- Policy makers

Evaluation and Measurement

It is difficult to accurately determine the number of children being maltreated, both nationally and within Wisconsin, making it difficult to measure progress toward an objective of reducing child maltreatment. This is true for a number of reasons.

Nationally, there is no mandatory national child maltreatment reporting system. In 1988, a voluntary national data collection and analysis program was developed, the National Child Abuse and Neglect Data System (NCANDS). This program is sponsored by the Children's Bureau; Administration on Children, Youth, and Families; Administration for Families; U.S. Department of Health and Human Services. As stated in the 1999 report, "This report presents annual national data about child abuse and neglect known to child protective services (CPS) agencies in the United States." (8) Here we have two possible avenues for inaccuracy: (1) states are not required to submit this data and, indeed, the report indicates that submission was inconsistent across items; and, (2) this statement acknowledges that there may be cases unknown to CPS agencies across the country. In addition, while the passage of the Child Abuse and Prevention Treatment Act (CAPTA) established a set of uniform operating standards with respect to the identification and management of child abuse cases, individual states are able to determine definitions of child maltreatment, investigative procedures, service systems and data collection procedures (9).

Another potential source of data error is misidentification of child maltreatment, and especially child deaths due to maltreatment. As reported in *A Nation's Shame: Fatal Child Abuse and Neglect in the United States*: "It has been estimated that 85 percent of childhood deaths from abuse and neglect are systematically misidentified as accidental, disease related, or due to other causes.... As a result of this misclassification or misdiagnosis, we do not have a reliable source to determine accurately why or exactly how many children die from abuse and neglect. Each national information system is incomplete as a source of comprehensive information on child abuse and neglect deaths" (10).

State-specific data challenges are highlighted in the *Wisconsin Child Abuse and Neglect Report, 1999 Data*. (1) This report states that "the quality of the data in this report is dependent on the accuracy of data submitted by the local agencies." The report further states that "The State of Wisconsin looks forward to full implementation of the statewide automated child welfare information system (WiSACWIS) as it will greatly expand the type of data collected and improve the timeliness and accuracy of child welfare data throughout the state."

Thus, when we see trends that indicate that child maltreatment is decreasing, it is difficult to know whether to attribute the decrease to fewer children actually being maltreated or changes in classification, investigation, or reporting procedures.

Even if we were able to feel confident about numbers, there are some problems with choosing indicators to reflect a decrease in child maltreatment. For example, if we propose that we work to "decrease the number of reports of child maltreatment," we run the risk of discouraging reports of cases that should be reported. Instead, we might want to be working to increase the number of people who report as we increase public awareness of child abuse and neglect and how we can prevent it from occurring.

In another example, if we propose to work toward "decreasing the rate of maltreatment substantiation," we run the risk of discouraging findings of substantiation in order for departments to meet this goal. Furthermore, as stated in the *Wisconsin Child Abuse and Neglect Report, 1999 Data*, variance in county substantiation rate is affected by a number of factors, including the quality of information gathered at phone intake, the screening criteria and rates, the quality of information gathered during the investigation assessment, prevailing community standards, and worker and agency judgement." (1, page 6). This makes the accuracy of this data questionable, to say the least.

It will be important as part of the *Healthiest Wisconsin 2010* plan to develop strong, reliable databases within the state that will allow us to measure child maltreatment. One data system that is being proposed in *Healthiest Wisconsin 2010* is an injury surveillance plan that will allow better tracking of injuries, including their cause. In addition, it will be important that databases that exist within sectors be able to be linked to insure that accurate numbers are being produced.

Success will be measured by the existence of functioning comprehensive, accessible, interdisciplinary child abuse and neglect prevention programs to serve all communities in Wisconsin by 2008. The ultimate evaluation of the effectiveness of these prevention programs will be assessed by looking at DHFS data on child abuse and neglect in 2010, with the goal being a 10% decrease in the number children being maltreated. This 10% figure will be determined by taking the best data available to us at the time.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: The objective put forth is a preventive health issue/service, and may fall under the work of this subcommittee.

Adequate and Appropriate Nutrition: Some cases of child neglect are premised on the caregiver failing to provide adequate and appropriate nutrition (when it is within the caregiver's means to do so). Some of the actions taken in this subcommittee may help to address this issue.

Alcohol and Other Substance Use and Addiction: There is a link between alcohol and other substance use/addiction and abuse and neglect of children. It may be that some of the strategies implemented in this subcommittee will contribute to the prevention efforts in communities.

Social and Economic Factors that Influence Health: Stress (including stress associated with inadequate resources) is a leading contributor to child abuse and neglect. The work that this subcommittee does to address these issues may contribute to the prevention efforts of communities.

Integrated Electronic Data and Information Systems: There may be databases not identified here that would contribute to community understanding of child abuse and neglect.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: This will be addressed through surveys and full implementation of Wisconsin Automated Child Welfare Information System.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: In seeking to gain a better understanding of the realities of child abuse and neglect in Wisconsin, we will be in a better position to plan community efforts to prevent abuse and neglect.

Educate the public about current and emerging health issues: Surveys are a way of educating the public. There will also be educational efforts built into the work of prevention groups in communities.

Promote community partnerships to identify and solve health problems: A variety of partnerships are created within the design of this plan, including partnerships between public health, human services, Cooperative Extension, and various community stakeholders involved with child abuse and neglect issues.

Create policies and plans that support individual and community health efforts: The focus in the proposed plan is on strengthening community efforts to prevent child abuse and neglect.

Link people to needed health services: It is anticipated that the community prevention programs will have this as one of their goals.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Since the proposed objective seeks to insure accessible prevention programs, part of the assessment will be to determine the degree to which the programs are accessible to all people in a community.

Foster the understanding and promotion of social and economic conditions that support good health: As we learn more about the current realities of child abuse and neglect in Wisconsin, we will learn more about the risk factors for child abuse and neglect and be better able to address those risk factors to decrease the incidences of abuse and neglect.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: The proposed plan seeks to insure that children, one of the groups in society least able to speak for themselves, are protected from being abused or neglected. At the same time, the proposed activities are designed to strengthen families, thereby promoting overall family health and, by extension, promoting the health of the community.

Eliminate health disparities: The proposed plan states that prevention programs must be “accessible.” The idea of accessibility includes a number of components. It means that the programs must be made available to families and others who care for children within the communities in which these persons live and in settings that these persons would typically frequent, making it more likely that the programs and services will be utilized. Special efforts will have to be made to insure that prevention programs exist and are available to people living in rural areas. In addition, accessibility means that program services and activities will be provided in languages that are used by the people being served and will be provided in culturally appropriate ways. Accessibility means providing appropriate services and programs for people who have a disability. Finally, accessibility means that we need to make prevention programs available to anyone in the community, regardless of their socioeconomic status or other demographic characteristics (e.g., religion, race).

Transform Wisconsin’s public health system: The comprehensive, interdisciplinary approach outlined in the proposed plan would involve many partners, some of whom might not traditionally be part of the public health system but who are involved in prevention efforts in some way. Through development of interdisciplinary community teams working together to prevent child abuse and neglect, it is more likely that a “safety net” of programs and services will be provided to keep children safe in their homes and the other environments in which they exist and would strengthen families, thereby strengthening communities.

Key Interventions and/or Strategies Planned:

- Assessment (surveys) of the current realities of child abuse and neglect and prevention in Wisconsin.
- Identification of key elements of an effective comprehensive, accessible, interdisciplinary child abuse and neglect program at the community level.
- Education to community members involved in child abuse and neglect prevention relative to creating effective interdisciplinary prevention groups and the variety of ways to prevent child abuse and neglect.
- Creation of local prevention programs.

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